

PROCTOR SUPPORT FORM (For use of this form, see USMEPCOM Reg 601-4)

1. From: _____ _____MEPS Testing Section Attention: Test Coordinator Office Telephone Number _____ Fax Telephone Number _____	5. High School Information:
	a. School Name:
	b. School Address:
	c. School POC:
	d. POC Telephone Number:
	6. Test Session Information:
2. Responsible Service:	a. Date and Time for Test:
3. Responsible Recruiter:	b. Time Proctors must report to test location:
4. Recruiter's Telephone Number (office/cellular):	c. Expected Number of Students:
	d. Required Number of Proctors:

NOTE: a. All proctors must arrive at the school not later than 30 minutes prior to the test start time.
b. One proctor is required for every forty students scheduled to take the ASVAB.

[illegible]

8. Responsible Recruiter Certification:	
a. I certify that I have coordinated with all of the proctors listed on this form to insure proper support for this test session:	
b. Responsible Recruiter's Signature	c. Date

9. Remarks	
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